EXHIBIT C

Case 06-10/25-gwz Doc 8692		itered 0 <i>/124/1</i>		12:13 Pa	ge 2 of 12
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OOF OF CLA	AIM		
Name of Debtor	Case Nu	Case Number			
USA Commercial Mortgage Co.	06	-10725(1	LBR)		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503		Check box if you a aware that anyone else filed a proof of claim re	e has		
Name of Creditor and Address	·	your claim Attach cop statement giving partic			
Hannah Brehmer 188 Beacon Hill Dr.		Check box if you hever received any not from the bankruptcy co	tices ourt or		HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
Ashland, or 97520		Check box if this a differs from the addres envelope sent to you b	address s on the	ONE OF THE DE If you have all Bankruptcy Cour	EBTORS ready filed a proof of claim with the t or BMC you do not need to file again
Creditor Telephone Number (54) - 324- 4538 Last four digits of account or other number by which creditor identifies	debtor	court			CE IS FOR COURT USE ONLY
7184 or 990	debioi	Check here If this claim	replace or amen	a previousi	y filed claim dated
1 BASIS FOR CLAIM	Retiree l	penefits as defined in			Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes	Wages	salaries and compen		•	Other claims against servicer (not for loan balances)
Money loaned		compensation for serv	vices per	formed from	to
	72 2				(date) (date)
2 DATE DEBT WAS INCURRED 2005 - Ami - Tuly 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that		OURT JUDGMENT, I be your claim and state			the time case filed
See reverse side for important explanations		SECURED CLA			
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b)	your olam			ur claım ıs secu	red by collateral (including
exceeds the value of the property securing it, or if c) none or only part of yo		a right of se	etoff)		
entitled to priority UNSECURED PRIORITY CLAIM		Brief descri		_	-
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Co		Motor Vehicl	e L Other
Amount entitled to priority \$ Specify the priority of the claim		Amount of arrea	arage an	d other charges	s at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of depo	osits towa	rd purchase leas	e or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	, <u> </u>	services for personal Taxes or penalties ow	-		11 U S C § 507(a)(7) 11 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	L	Other Specify applic * Amounts are subject	-		C § 507(a) () and every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ \$	000	with respect to cases	commen	ced on or after the	e date of adjustment
AT TIME CASE FILED (unsecured)	298 _{, :}	569 - \$		(priority)	\$ 298,569 - (Total)
Check this box if claim includes interest or other charges in addition to the		,	Attach iter	(F	• /
6 CREDITS The amount of all payments on this claim has been cred					
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docu</u> running accounts, contracts, court judgments mortgages security a	<i>uments,</i> su agreement	ich as promissory not s and evidence of pe	tes, purc	hase orders, in of lien DO NO	voices itemized statements of
DOCUMENTS If the documents are not available, explain If the c 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim				-	d envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or	, prevailin	g Pacific time, on N	pyembe	ர 13, 200 ∮	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO BMC Group	BY HAND BMC Gro	OR OVERNIGHT DELIV	VERY TO		
Attn USACM Claims Docketing Center P O Box 911	Attn USA	CM Claims Docketing	g Center	•	
El Segundo CA 90245-0911	El Seguno	t Franklin Avenue do CA 90245			1 1 1 1 1 2ANA
DATE SIGN and print the name and title if any of the this claim (attach copy of power of attorn	ne creditor or	other person authorized	d to file	FIL	ED NOV 1 4 2006
Mar 8, 2006 Herral Bres Hannah B	live			• •	USA CMC
Hannah B	reh	mer			

PURM B 10 (Onicial Folin 10) (10/05)						
UNITED STATES BANKRUPTCY COURT	Dis	TRICT	OF	Nevada	PROOF OF CLAIM	
Name of Debtor	Case	Number	.,.,.			
USA COMMERCIAL MORTGAGE QO.	(<u> </u>	. /	10725- LBR		
NOTE. This form should not be used to make a claim for an adminis						
of the case. A request" for payment of an administrative expense ma	ly be filed	pursuant	to	11 USC § 504	_	
Name of Creditor (The person or other entity to whom the				ou are aware that anyone	1	
SAMICS D. OERY, HUSSAUD AND WIFE				proof of claim relating to each copy of statement		
AS TEVANTS IN COMMON		ng partic				
Name and address where notices should be sent				on have never received any		
19601 VAN AKUN Blud	case		3 (17)	e bankrupicy court in this		
SUBJECT HTS, OHIO 44122				e address differs from the envelope sent to you by		
SHAICER HTS, OHIO 44122 Telephone number 216-283-2505		COUTL		envelope selic to you by	THIS SPACE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor		ck here	7	replaces		
identifies debtor	13 th	ıs claım	Ţ	amends a previously file	g claim dated.	
1 Basis for Claim				ree benefits as defined in 1		
Goods sold Services performed				ges, salaries and compensa i four digits of your SS #		
Money loaned				aid compensation for servi	==	
Personal injury/wrongful death		fi	ron	nt	O	
Other SEC EXHBIT A				(date)	(date)	
2. Date debt was incurred	3.	If cou	ırt	judgment, date obtained		
MARCH 2001	·					
4 Classification of Claim. Check the appropriate box or boxes th	at best des	enbe yo	uf	claim and state the amount	of the claim at the time case filed	
See reverse side for important explanations Unsecured Nonpriority Claim \$ 151, 80 7		Secu	rei	r Claum		
8			CI	neck this box if your claim is	secured by collateral (including	
Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority Check this box if a) there is no collateral or lien securing your claim, or or or only part of your claim is entitled to priority.						
	·		_	nef Description of Collaters		
Unsecured Priority Claim]	빉	Real Estate Motor \	/ehicle Other	
Check this box if you have an unsecuted claim all or part of we entitled to priority	/hich is					
Amount entitled to priority S		Amor	unt ed	or arrearage and other charge claim if any \$ 1805	res <u>at time case filed</u> included in	
	,	<u> </u>				
Specify the priority of the claim		Up to S	22	25" of deposits toward pure for personal family, or hor	chase, lease, or rental of property ischold use - 11 U.S.C.	
Domestic support obligations under 11 U S C. § 507(a)(1)(A) o (a)(1)(B)	r _	§ 507(a	1)(1)		
Wages solanes or commissions (un to \$10,000) # corned make		Taxes o	e p	enalties owed to governmen	tal units - 11 USC § 507(a)(8)	
days before filing of the bankruptcy petition or cessation of the debit business, whichever is earlier - 11 U.S.C. § 507(a)(4)	or's		_		of II USC § 507(a)()	
		sounts at	re :	subject to adjustment on 4/i. ct to cases commenced on a	/07 and every 3 years thereafter r after the date of adjustment	
Contributions to an employee benefit plan - 11 U.S.C. § 507(a	/(-//					
5 Total Amount of Claim at Time Case Filed	•	RESCO	ed	7 59 \$/51,807.59 (secured) (n	(Total)	
Check this box if claim includes interest or other charges in add interest or additional charges.	htton to th	е рапсір	æ	amount of the claim. Attach	itemized statement of all	
6. Credits: The amount of all payments on this claim has been	gredited .	nd dada	er-	d for the ourness of	D	
making this proof of claim		GCUU	- CC	a sou ate harbase at	THIS SPACE IS FOR COUNT USE ONLY	
7 Supporting Documents: Attach copies of supporting docume	ents, such	as promi	issi	ory notes, purchase		
orders, invoices itemized statements of running accounts, contra	icts, count j	udgmen	ns,	mortgages, security		
agreements, and evidence of perfection of lief DO NOT SEN documents are not available, explain if the documents are voluments	DUKIGIN	AL DO	/CI	UMENTS If the		
8. Date-Stamped Copy: To receive an acknowledgment of the fill	The state of the s					
addressed envelope and copy of this proof of claim					ED 18N 1 1 2007	
Olgo and print the name and title if any, of the life this claim (attach copy of power of attor	HE CRECITOR	or other	rp	erson authorized to	ED JAN 11 2007	
1/10/07	mity	•				
I I'I CP U Des					LICA CNAC	
Penalty for presenting fatudulent claim. Fine of up to \$500,000 g	unprisonm	ent for a	up	to 5 years, or both, 1811S	USA CMC	

1072502062

- Last 90-199 (29-38-3) Dustain	PRC	OF OF CLAIM	
			YOUR CLAIM IS SCHEDULED AS Schedule/Claim ID s31320
Name of Debtor	Case Nu		Amount/Classification
USA Commercial Mortgage Company	06-107	25-LBR	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exparising after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503 Name of Creditor and Address REVEN J NELSON LTD PSP DATED 10/31/72 C/O ERVEN J NELSON TRUSTEE 2023 W. ASP POINT ST GERGE, U.T. 84790 Creditor Telephone Number () Last four digits of account or other number by which creditor identifies	of an 00536 AA Tie V	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement grving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the court.	Bankruptcy Court or BMC you do not need to file again THIS SPACE IS FOR COURT USE ONLY
984 832	202101	Check here repla	a previously filed claim dated
1 BASIS FOR CLAIM	Retiree l	penefits as defined in 11 U S	
Goods sold Personal injury/wrongful death	Wages	salanes, and compensation	·
Services performed Taxes Money loaned Other (describe briefly) SEC A HACKED		r digits of your SS # compensation for services pe	· · · · · · · · · · · · · · · · · · ·
			(date) (date)
2 DATE DEBT WAS INCURRED /- 7 4-04 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that		OURT JUDGMENT, DATE	
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$	your claim ur claim is	Check this box if y a right of setoff) Brief description of the Collatera Amount of arrearage a secured claim, if any Up to \$2 225° of deposits town services for personal family of the Collatera Amounts are subject to adjustify respect to cases comments are subject to cases comme	your claim is secured by collateral (including of collateral Motor Vehicle
 6 CREDITS The amount of all payments on this claim has been creed. 7 SUPPORTING DOCUMENTS Attach copies of supporting documents accounts contracts, court judgments, mortgages, security DOCUMENTS If the documents are not available explain. If the BATE-STAMPED COPY To receive an acknowledgment of the proof of claim. 	c <u>uments,</u> s agreemer document	uch as promissory notes punts, and evidence of perfections are voluminous, attach a s	urchase orders invoices itemized statements of item of DO NOT SEND ORIGINAL summary
The original of this completed proof of claim form must be se ACCEPTED) so that it is actually received on or before 5 00 pr for each person or entity (Including individuals, partnerships, governmental units) BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245-0911 DATE SIGN and print the name and title if any of the links claim (attach copy of power of attorn)	BY HAND BMC Gro Attn US, 1330 Eas El Segur de creditor o	ing Pacific time, on Novemons, joint ventures, trusts OR OVERNIGHT DELIVERY TO DUP ACM Claims Docketing Cent st Franklin Avenue ado CA 90245	nber 13, 2006 USE ONLY sand FILED JAN 1 3 2007
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonmen			1072502304 1072502304

	Case	06-10725-gwz Doc 8	692		tered 07/24/11 13:1	1 2:13 - Pac	ıc 5 of 12
				PRO	OOF OF CLAIM		,
Name of Debtor		Case Nu	mber				
This farisin	form should not be used g after the commenceme	of Debtors and Case Numbers I to make a claim for an administrative to fithe case A "request" for pay be filed pursuant to 11 U.S.C. § 503	ment o		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
	3985 LAKE P RENO NV 89	113212410 LIVING ED 6/28/00 LLE A GOODNESS TRUSTEE PLACID DR	001438	3	statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court	SECURED INTER ONE OF THE DE If you have ain Bankruptcy Court	IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS eady filed a proof of claim with the or BMC you do not need to file again RE IS FOR COURT USE ONLY
		other number by which creditor iden	tifies (debtor			210 1 011 000111 002 01121
		Other Hamber by William Graditor Iden	idilos (160101	Check hers repla of this claim amer	r a previously	filed claim dated
·	ISIS FÖR CLAIM	F-7		Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
	Goods sold Services performed	Personal injury/wrongful death Taxes		_	salanes and compensation (r digits of your SS #	(fill out below)	Other claims against services (not for loan balances)
×	Money loaned	Other (describe briefly)		Unpaid	compensation for services pe	erformed from	to (date) (date)
2 DA	TE DEBT WAS INCUR	RED		3 IF C	OURT JUDGMENT, DATE (BTAINED	
		AIM Check the appropriate box or box	ces that	best descr	ibe your claim and state the amo	ount of the claim at i	he time case filed
1	e reverse side for important	•			SECURED CLAIM		
	ECURED NONPRIORIT	·	_			our claim is secui	red by collateral (including
		s no collateral or lien securing your claim roperty securing it or if c) none or only pe			a right of setoff) Brief description of		od by condition (moldaling
UNSI	ECURED PRIORITY CL	AIM			<u> </u>		— 05-3-
	Check this box if you have a entitled to priority	an unsecured claim, all or part of which is	8		Real Estate L	Motor Vehicle \$	Other
1	Amount entitled to priority Specify the priority of the cla	\$			Amount of arrearage a secured claim, if any	nd other charges \$	at time case filed included in
	Domestic support obligation	ns under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Г	Up to \$2 225* of deposits tow	ard nurchase lease	or rental of property or
	Wages salanes or commis before filing of the bankrupt	ssions (up to \$10 000)* earned within 18 tcy petition or cessation of the debtor's		 	services for personal family of Taxes or penalties owed to go	or household use -1	1 U S C § 507(a)(7)
		ier 11 U S C § 507(a)(4)			Other - Specify applicable par	agraph of 11 USC	§ 507(a) ()
		ee benefit plan 11 U S C § 507(a)(5)			* Amounts are subject to adju- with respect to cases comme	stment on 4/1/07 ar	nd every 3 years thereafter
1 .	ITAL AMOUNT OF CLA T TIME CASE FILED	NM \$	_ \$ _	100	000 TINT		\$ 100,000 + Int
		(unsecured) udes interest or other charges in additio	on to th	,	secured) amount of the claim Attach ite	(pnonty) emized statement o	(Total) of all interest or additional charges
7 \$1 ru D	UPPORTING DOCUM Inning accounts contract OCUMENTS If the doc	of all payments on this claim has been MENTS Attach copies of supporting the court judgments, mortgages, secuments are not available, explain by To receive an acknowledgments.	a docu cunty a f the d	<u>iments,</u> si agr ee ment locuments	uch as promissory notes pur is, and evidence of perfection are voluminous attach a su	chase orders inv n of lien DO NO mmary	oices itemized statements of T SEND ORIGINAL
1 4	00FDTED1 41 4741.	pleted proof of claim form must b actually received on or before 5 (y (including individuals, partnersh					THIS SPACE FOR COURT USE ONLY
Ai P	overnmental units) / MAIL TO / MAIL TO MC Group ttn USACM Claims Doci O Box 911 Segundo CA 90245-09	eketing Center	,	BY HAND BMC Gro Attn USA 1330 Eas	OR OVERNIGHT DELIVERY TO	o ·	ED DEC 0 7 2006
DATE /		SIGN and print the name and title if an				**	1/04 5/22
	2/6/04	11000000	/				USA CMC

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

1072501743

					_
UNITED STATES BANKRUPTCY COURT	Ds	TRICT	OF <u>NEVA</u>	PA	PROOF OF CLAIM
Name of Debior USA COMMERCIAL MORTGAGE Co.		Number 6 - /	0725		
NOTE: This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma					
Name of Creditor (The person or other entity to whom the debtor owes money or property) GRA HAM FAMILY TRUST OH 10/34/78	cise you givi	has filed claum ng portic	_	elating to ternent	
Name and address where notices should be sent ROBERT C. LEPOME 10/20 S. EASTERN # 200 HENDERSON, NV 89052 Telephone number (702) 492-127/	note case Che addi the	es from ck box if ess on the	you have never re the bankruptcy co the address differ the envelope sent to	ourt in this from the	THIS SPACE IS FOR COURT USE OM Y
Last four digits of account or other number by which creditor identifies debtor			☐ replaces ☐ amends a pro	eviously filed	i claim dated
1 Basis for Claim ☐ Goods sold ☐ Services performed ☐ Money loaned ☐ Personal injury/wrongful death ☐ Taxes ☐ NEGLICENCE & FRAUD	ECURCO 4			d compensat your SS # _ non for servi	
2. Date debt was incurred JAN 1, 2005 To APRIL 12, 2006	3.	If cou	rt judgment, dat	e obtained	
4 Classification of Claim. Check the appropriate box or boxes the See reverse side for important explanations. Unsecured Nonpriority Claim \$	or claim, or none or which is or a 180 or *An	Amore security Up to \$ 507(a Taxes of Other - mounts as with res	Check this box if it of setoff) Brief Description Real Estate Value of Collaters ant of arrearage and claim, if any 2.225* of deposits ces for personal, fin)(7) r penalties owed to Specify applicable re subject to adjust spect to cases consisted.	of Collateral Motor V at \$ d other charg toward purcumity, or hou government paragraph of	secured by collateral (including lethicle Other————————————————————————————————————
5 Total Amount of Claim at Time Case Filed	\$	503	<i>808</i> rad) (secur	red) (p	503808 (Total)
 Check this box if claim includes interest or other charges in additional charges. 	dition to th	e buucil			
Credits: The amount of all payments on this claim has been making this proof of claim Supporting Documents. Attach copies of supporting documents.]	THE SPACE IS FOR COURT US ONLY
orders invoices, itemized statements of running accounts, contra agreements, and evidence of perfection of lien. DO NOT SEN documents are not available, explain. If the documents are voluing a section of the final statement of th	acts, court TO ORIGIT minous, at ling of you the creditor mey if any	yudgmer NAL DC ach a su ir claim, or othe	nts, mortgages, sec DCUMENTS If the mmary enclose a stamped r person authorize AR #1980	turity ne L, self-	D DEC 0 7 2006
	9774 F	or .	CLAIMAN	<u>/- </u>	USA CMC

Name of Debtor 1) SA COM'L MORTGAGE CO 06-10725 (LGRZ)	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an aware that anyone else has filed a proof of claim relating	
Name of Creditor and Address Name of Creditor and Address	
Check box if you have	
ALAN GROH 'RA ALAN GROH 'RA 12613 ALCACER DEL SOL ALAN GROH 'RA 12613 ALCACER DEL SOL To cleck box if you have never received any notices from the bankruptcy court or DO NOT FILE THIS PROOF OF CLAIM FOR A	
SAN DIEGO CA 92128-4428 SAN DIEGO CA 92108-4428 BMC Group in this case SECURED INTEREST IN A BORROWER THAT	IS NOT
Check box if this address differs from the address on the lif you have already filed a proof of claim with	
envelope sent to you by the Bankruptcy Court or BMC you do not need to fill	again
Last four digits of account or other number by which creditor identifies debtor:	ele T
check here or a previously filed claim dated	<u>.</u>
The state of the	
wages salaries and compensation (ill out below) Const for loan belances	servicer
Last four digits of your SS # Unpaid compensation for services performed from to	
PURCHASE OF FIRST TRUST DEEDS (date) (date)	
2 DATE DEBT WAS INCURRED 3 IF COURT JUDGMENT, DATE OBTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations	
UNSECURED NONPRIORITY CLAIM \$ Check this box if your claim is secured by collateral (including	
exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority a right of setoff) Brief description of collateral	
UNSECURED PRIORITY CLAIM Real Estate	
Check this box if you have an unsecured claim all or part of which is entitled to priority Value of Collateral \$UNCERTAIN	-
Amount entitled to priority \$ Amount of arrearage and other charges at time case filed included	ın
Specify the priority of the claim secured claim, if any \$ 152, 701, 90	
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Up to \$2.225° of deposits toward purchase lease or rental of property or services for personal family or household use -11 U.S.C. § 507(a)(7)	
before filling of the bankruptcy petition or cessation of the debtor's Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)	
business whichever is earlier 11 U S C § 507(a)(4) Other Specify applicable paragraph of 11 U S C § 507(a) ()	
* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment	
5 TOTAL AMOUNT OF CLAIM \$ \$ \[\(\)	
AT TIME CASE FILED (unsecured) (secured) (priority) (Total)	
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges in additional charges.	ges
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL	of
DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a symmatry	
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim The original of this completed proof of claim form must be cent by mell or hand delivered (FAYES NOT	UPT.
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and	UKT
governmental units) BY MAIL TO BY MAIL TO BY MAIL TO BY MAIL TO BY COMPANY TO BY COMPANY TO BY COMPANY TO BY MAIL TO BY M	2007
Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center	. /
P O Box 911 1330 East Franklin Avenue El Segundo, CA 90245-0911 El Segundo CA 90245	
DATE SIGN and print the name and title if any of the creditor or other person authorized to file	
Jau 8, 2007 Was Stok ALAN B GROK USA CMC 1072502417	l

Case Number						
USA Commercial Mortgage Company O6-10725-LBR O6-10725-LB						
OTE See Reverse for List of Debtors and Case Numbers his form should not be used to make a claim for an administrative expense his form should not be used to make a claim for an administrative expense his form should not be used to make a claim for an administrative expense his form should not be used to make a claim for an administrative expense his form should not be used to make a claim for an administrative expense his form should not be used to make a claim for an administrative expense his form should not be used to make a claim for an administrative expense his form should not be used to make a claim for an administrative expense his form should not be used to make a claim for an administrative expense his form should not be used to make a claim for an administrative expense his form should not be used to make a claim for an administrative expense his form should not be used to make a claim for an administrative expense his form should not be used to make a claim for an administrative expense his form should not be used to make a claim for an administrative expense his form should not be used to make a claim for an administrative expense his form should approid of claim relating to your claim of the amounts set forth herein and have no both efforce of claim relating to your do not need to file administrative pour down above are listed as Contingent, to use filed the amounts shown above are listed as Contingent, to use filed the amounts asked by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have no the enver received any notices from the address on the file administrative pour claim metals. Check box if you agree with the amounts set forth herein and have no the file and the amount and state the amount of the claim at the time case filed specified. The should be proof of claim with the Barkuptoy out on not need to file again. This amounts at the obtory out on on the file and the amounts as the better of claim with the Barkuptoy out on the file and the proof						
Check box if you are aware that anyone else has held a proof of claim relating to your claim. Attach copy of statement giving particulars where the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address						
The amounts reflected above constitute your claim as to your claim attach copy of statement giving particulars						
ast four digits of account or other number by which creditor identifies debtor Check here replaces or amends a previously filed claim dated						
BASIS FOR CLAIM Goods sold Personal injury/wrongful death Services performed Taxes Unpaid compensation (fill out below) Last four digits of your SS # Unpaid compensation for services performed from Check this box if a) there is no collateral or lien securing your claim If this claim amends If this claim amends If this claim amends In this claim						
BASIS FOR CLAIM Goods sold Personal injury/wrongful death Taxes Check this box if a) there is no collateral or lien securing your claim Retiree benefits as defined in 11 U S C § 1114(a) Wages, salaries and compensation (fill out below) Last four digits of your SS # Unpaid compensation for services performed from to (date) Check this box if a) there is no collateral or lien securing your claim or b) your claim Unremitted principal Wages, salaries and compensation (fill out below) Last four digits of your SS # Unpaid compensation for services performed from (date) Other claims against services performed from (not for loan balances) I to (date) Check this box if your claim at the time case filed SECURED CLAIM Check this box if your claim is secured by collateral (including						
Goods sold Personal injury/wrongful death Services performed Taxes Wages, salaries and compensation (fill out below)						
Last four digits of your SS # Unpaid compensation for services performed from (date) (date) Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed Sec reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$ 265 865 Check this box if a) there is no collateral or lien securing your claim or b) your claim Check this box if a) there is no collateral or lien securing your claim or b) your claim						
CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations UNSECURED NONPRIORITY CLAIM Check this box if a) there is no collateral or lien securing your claim or b) your claim Check this box if a) there is no collateral or lien securing your claim or b) your claim						
CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations SECURED CLAIM UNSECURED NONPRIORITY CLAIM Check this box if a) there is no collateral or lien securing your claim or b) your claim Check this box if your claim is secured by collateral (including						
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$ 265 865 Theck this box if a) there is no collateral or lien securing your claim or b) your claim The check this box if a) there is no collateral or lien securing your claim or b) your claim.						
UNSECURED NONPRIORITY CLAIM \$ 265 865 Check this box if your claim is secured by collateral (including Check this box if your claim is secured by collateral (including Check this box if your claim is secured by collateral (including Check this box if your claim is secured by collateral (including Check this box if your claim is secured by collateral (including Check this box if your claim is secured by collateral (including Check this box if your claim is secured by collateral (including Check this box if your claim is secured by collateral (including Check this box if your claim is secured by collateral (including Check this box if your claim is secured by collateral (including Check this box if your claim is secured by collateral (including Check this box if your claim is secured by collateral (including Check this box if your claim is secured by collateral (including Check this box if your claim is your claim						
Check this box if a) there is no collateral or lien securing your claim						
exceeds the value of the property securing it or if c) none or only part of your claim is a right of setoff)						
entitled to priority Brief description of collateral						
JNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is Real Estate Motor Vehicle Other						
entitled to priority Value of Collateral \$						
Amount entitled to priority \$ Amount of arrearage and other charges at time case filed included in secured claim if any \$						
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Up to \$2 225° of deposits toward purchase lease or rental of property or						
Wages salanes or commissions (up to \$10 000)* earned within 180 days						
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4) Taxes or penalties owed to governmental units 11 U S C § 507(a)(8) Other Specify applicable paragraph of 11 U S C § 507(a) ()						
Contributions to an employee benefit plan 11 U S C § 507(a)(5) Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter						
with respect to cases commenced on or after the date of adjustment 5 TOTAL AMOUNT OF CLAIM \$ 265,865 = \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$						
AT TIME CASE FILED (unsecured) (secured) (pnonty) (Total)						
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges						
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts contracts, court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self addressed envelope and copy of this proof of claim						
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT THIS SPACE FOR COURT						
ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 USE ONLY for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and						
governmental units) BY MAIL TO BY HAND OR OVERNIGHT DELIVERY TO						
BMC Group Attn USACM Claims Docketing Center P. O. Box 911 BMC Group Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center 1330 East Franklin Avenue						
P O Box 911 1330 East Franklin Avenue FILLU 571 El Segundo CA 90245 0911 El Segundo, CA 90245						
DATE SIGN and print the name and tittle if any of the creditor or other person authorized to file						
this claim (attach copy of power of attorney if any) USA CMC						
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 AND 3571						

Case 06-10725-g	wz. Doc 8692-3 <u> E</u>	<u>ntered 07/24/11 13:</u>	L 2:13 Page 9 of 12
3	PR	OOF OF CLAIM	
Name of Debtor	Case	Number	1
USA COMMERCIAL MORTEN	168 06	·10125-LBR	
NOTE See Reverse for List of Debtors and Cas This form should not be used to make a claim for arising after the commencement of the case. A	r an administrative expense "request" for payment of an	Check box if you are aware that anyone else has filed a proof of claim relating	
administrative expense may be filed pursuant to Name of Creditor and Address	11 U S C § 503	to your claim. Attach copy of statement giving particulars	
	11321241008197		
JAYEM FAMILY LP JACQUES	MASSA GP	Check box if you have never received any notices	
7 PARADISE VALLEY CT HENDERSON NV 89052-6706		from the bankruptcy court or BMC Group in this case	DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT
		Check box if this address	ONE OF THE DESTORS If you have already filed a proof of claim with the
		differs from the address on the envelope sent to you by the	Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number () 702 - 3 Last four digits of account or other number by when the country of the co		court	THIS SPACE IS FOR COURT USE ONLY
Last lour digits or account or other number by W	ikai Graditof Idantinias dabtor	Check here replain replain replain ame	a previously filed claim dated
1 BASIS FOR CLAIM		e benefits as defined in 11 U S	C § 1114(a) Unremitted principal
Goods sold Personal injur Services performed Taxes		s, salaries and compensation	(fill out below) Other claims against servicer (not for loan balances)
Money loaned Other (describ	المراهم المراسي	our digits of your SS # d compensation for services pe	· · · · · · · · · · · · · · · · · · ·
			(date) (date)
2 DATE DEBT WAS INCURRED 1-1-04		COURT JUDGMENT, DATE	
4 CLASSIFICATION OF CLAIM Check the app See reverse side for important explanations	ropriate box or boxes that best des	•	ount or the claim at the time case filed
UNSECURED NONPRIORITY CLAIM \$	-	SECURED CLAIM Check this box if y	our claim is secured by collateral (including
Check this box if a) there is no collateral or lien a exceeds the value of the property securing it, or if	ecunng your claim or b) your claim f ¢) none or only part of your claim	m yazı	The state of the s
entitled to priority UNSECURED PRIORITY CLAIM	-	Brief description o	
Check this box if you have an unsecured claim a	ll or part of which is		Motor Vehicle Other
entitled to priority Amount entitled to priority \$		Value of Collatera	- Dorona
Specify the priority of the claim		Amount of arrearage a secured claim, if any	nd other charges <u>at time case filed</u> included in \$ <u>936,809.8/</u>
Domestic support obligations under 11 U S C § 5	507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits tow	ard purchase lease or rental of property or
Wages salaries or commissions (up to \$10 000) before filing of the bankruptcy petition or cessation			or household use -11 U.S.C. § 507(a)(7)
business whichever is earlier - 11 U S C § 507(a)(4)	=	overnmental units - 11 U S C § 507(a)(8) ragraph of 11 U S C § 507(a) ()
Contributions to an employee benefit plan - 11 U	S C § 507(a)(5)	* Amounts are subject to adju	stment on 4/1/07 and every 3 years thereafter need on or after the date of adjustment.
5 TOTAL AMOUNT OF CLAIM \$	\$ 936	1 807 81 \$	\$ 936.801.81
AT TIME CASE FILED	unsecured)	(secured)	(priority) (Total)
Check this box if claim includes interest or other	charges in addition to the princip	al amount of the claim Attach ite	emized statement of all interest or additional charges
6 CREDITS The amount of all payments on the			•
running accounts, contracts, court judgments DOCUMENTS If the documents are not ava	, mortgages, security agreeme	ents, and evidence of perfection	chase orders, invoices itemized statements of n of lien DO NOT SEND ORIGINAL mmary
8 DATE-STAMPED COPY To receive an proof of claim	· · · · · · · · · · · · · · · · · · ·		•
The original of this completed proof of cla ACCEPTED) so that it is actually received for each person or entity (including individ	on or before 5 00 pm, prevai	ling Pacific time, on Novemb	er 13, 2006 USE ONLY
governmental units)		ID OR OVERNIGHT DELIVERY TO	
BMC Group Attn USACM Claims Docketing Center	BMC G		20.000
P O Box 911 El Segundo, CA 90245-0911	1330 E	ast Franklin Avenue ando CA 90245	FILED JAIN 1 , 200
DATE SIGN and print the n	ame and title if any of the credito	r or other person authorized to file	LICA CMC
this claim (atta	an copy of power of attorney if an	x) /	USA CMC
Parally for amounts of trust last claims of	2500 000 - (7.	10 Fundam and all 10 10 00 00	1072502298
Penalty for presenting fraudulent claim is a fine of up to	>>>uu uuu or imprisonment for up	to ∋years or both 18USC §§	192 AND 3571

FORM B10 (Official Form 10) (10/05)		(Protective)					
UNITED STATES BANKRUPTCY COURT	DISTRICT OF Nevada	PROOF OF CLAIM					
Name of Dubtor USA Commercial Mortgage Co	Case Number 06-10725-LBR						
NOTF This form should not be used to make a claim for an administrative expense inagent of an administrative expense inagents.		nt					
Name of Creditor (The person or other entity to whom the dubtor owns mancy or property)	Check box if you are aware that anyon else has filed a proof of claim relating your claim. Attach copy of statement						
Norman Kıven	giving particulars						
Name and address where notices should he sent Andrew J Abrams, Esq., Sugar, Friedberg & Felsenthal LLP 30 N LaSalic St., Ste 3000, Chicago, IL 60602 Telephone number 312-704-9400	Check box if you have never received a notices from the bankruptcy court in t case Check box if the address differs from the address on the envelope sent to you by	his he					
Telephone number 312-704-9400 Last four digits of account or other number by which creditor	the court. Check here replaces						
identifies debtor	if this claim amends a previously	y filed claim, dated					
I Basis for Claim □ Goods sold □ Services performed ☑ Money loaned (See Rider) □ Personal injury/wrongful death □ Taxes	Retiree benefits as defined Wages salaries, and comp Last four digits of your SS Unpaid compensation for	ensation (fill out below) S # services performedto					
Other ———	(date)	(date)					
2 Date debt was incurred 2004 - 2006	3 If court judgment, date obta	ined					
See reverse side for important explanations Unsecured Nonpriority Claim 5 Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority Unsecured Priority Claim Secured Claim (Protective/See Rider) Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral Real Estate Other————————————————————————————————————							
Chuck this box if you have an unsecured claim, all or part of which is entitled to priority Value of Collateral \$Unknown Amount of arrearage and other charges at time case filed included							
Amount entitled to priority \$	secured claim, if any \$						
Specify the priority of the claim	Up to \$2 225* of deposits toward or services for personal, family, or	d purchase, lease, or rental of property					
Domestic support obligations under 11 USC \$ 507(a)(1)(A) a (a)(1)(B)	§ 507(a)(7)						
☐ Wages, salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debt business whichever is earlier - 11 USC § 507(a)(4) ☐ Contributions to an employee benefit plan - 11 USC § 507(a)	n 180 Other - Specify applicable parag *Amounts are subject to adjustment of	mmental units - 11 U S C § 507(a)(8) raph of 11 U S C § 507(a)() an 4/1/07 and every 3 years thereafter i on or after the date of adjustment					
5 Total Amount of Claim at Time Case Filed	\$						
 Check this box if claim includes interest or other charges in additional charges. 	(unsecuted) (secured) iition to the principal amount of the claim a	(priority) (Total) Attach itemized statement of all					
6 Credits The amount of all payments on this claim has been making this proof of claim	credited and deducted for the purpose of	THIS SINCE IS FOR COURT USE ONLY					
7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary See Rider							
8 Date-Stamped Copy. To receive an acknowledgment of the fi addressed envelope and copy of this proof of claim	ling of your claim, enclose a stamped, self-	USA CMC					
Date Sign and print the name and title, if any, of		1072501297					
	Marc Kiven, As Attorney in Fact For Norman Kiven						

FORM BIO (Official Form 10) (10/05)	7-		N7 1			
UNITED STATES BANKRUPTCY COURT	Dist	RICT OF	Nevada	PROOF OF CLAIM		
Name of Debtor USA Commercial Mortgage Co	Case N	lumber	06-10725-LBR			
NOTE. This form should not be used to make a claim for an administrative expense ma						
Name of Creditor (The person or other entity to whom the dubtor owes money or property)	else l your	ias filed a p claim Atta	are aware that anyone roof of claim relating to ch copy of statement			
Norman Kıven		g particular: k hov if voi	s i have never received an	. [
Name and address where notices should be sent Andrew J Abrams Esq., Sugar, Friedberg & Felsenthal LLP 30 N LaSalle St., Ste. 3000, Chicago, IL 60602	notic case. Ø Chec	es from the k box if the	bankruptcy court in the address differs from the avelope sent to you by			
Telephone number 312-704-9400	the c	ourt.		THIS SPACE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor identifies debtor	Chec of the	k here 🔲 s claım 🖂	replaces amends a previously l	filed clarm dated		
1. Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes		☐ Wage Last Unpa	ee benefits as defined and comper four digits of your SS and compensation for so (date)	nsation (fill out below) ervices performed		
☐ Taxes ☐ Conversion (See Rider)			(date)	(datc)		
2. Date debt was incurred 2006	3	If court j	udgment, date obtain	ed		
Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority Amount of arrearage and other charges at time case filed included in						
Amount entitled to priority \$48,248 00(+)			laım, ıf any [,] \$			
Specify the priority of the claim Domestic support obligations under 11 USC § 507(a)(1)(A) of	1	or services :	for personal family, or	ourchase, lease, or rental of property household use - 11 U S C		
(a)(1)(B) Wages, salaries, or commissions (up to \$10,000),* earned within days before filing of the bankrupicy petition or cessation of the debt business, whichever is earlier - 11 U S C § 507(a)(4) Contributions to an employee benefit plan - 11 U S C § 507(a)	л 180 ☑ or's ☑ *Am	Other - Spe	nalties owed to governing of applicable paragraphicable paragraphicable paragraphicable on the control of the c	nental units - 11 U S C § 507(a)(8) the of 11 U S C. § 507(a)(2) * 4/1/07 and every 3 years thereafter in or after the date of adjustment		
5 Total Amount of Claim at Time Case Filed.	\$.	8,248(+)		48,248(+) 48,248(+)		
 Check this box if claim includes interest or other charges in additional charges. 	itton to the	(unsecuted) principal a	(secured) mount of the claim. Att	(priority) (Total) sach itemized statement of all		
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts contracts, court judgments, mortgages, security FIVED NOV 1 5 2006 agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain. If the documents are voluminous, attach a summary. See Rider						
8 Date-Stamped Copy To receive an acknowledgment of the fi addressed envelope and copy of this proof of claim						
	mey, if any)	en, As Ai	ttorney in Fact	USA CMC 		

Case	06-10725-0WZ DOC 8692-3	3EIIII	erea u <i>uz</i> 4/11 13 17	Z 13 Page	2 17 01 17
	ES BANKRUPTCY COURT RICT OF NEVADA		OOF OF CLAIM		
Name of Debtor		Case Nu	mber	Ĭ	
USA Commercial N	lortgage Company	06-107	725-LBR		
This form should not be used arising after the commencer	t of Debtors and Case Numbers d to make a claim for an administrative exp nent of the case A "request" for payment of be filed pursuant to 11 USC § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		.Y OWED MONEY BY A BORROWER BEING SERVICED BY THE
BRECHT M. 640 COLON FULLERTON	11321242034050 ARSHAL TRUST DATED 2/ MAL CIRCLE N CA 92835	5/86	statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case	DEBTORS YOU I OF CLAIM THIS BORROWER HEI DO NOT FILE TH	DO <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT LD IN THE COLLECTION ACCOUNT IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
TPUSTE Creditor Telephone Number		. H T	Check box if this address differs from the address on the envelope sent to you by the court	If you have aird Bankruptcy Court	eady filed a proof of claim with the or BMC you do not need to file again
	other number by which creditor identifies	debtor	Check here		
1 BASIS FOR CLAIM			if this claim amer	. a previously	filed claim dated
Goods sold	Personal injury/wrongful death		penefits as defined in 11 U S		Unremitted principal
Services performed	Taxes		salaries, and compensation (fill out below)	Other claims against servicei (not for loan balances)
Money loaned	Other (describe briefly)		digits of your SS # compensation for services pe	rformed from	
	SEE EXHIBIT A	Oripaid	ompensation for services pe	momed itom	(date) to (date)
2 DATE DEBT WAS INCUF	RED NOV 11 ZOOZ	3 IF C	OURT JUDGMENT, DATE C	BTAINED	(4445)
	AIM Check the appropriate box or boxes that	t best descr	be your claim and state the amo	unt of the claim at t	he time case filed
See reverse side for important	TY CLAIM \$ 1,709,011		SECURED CLAIM		
Check this box if a) there	is no collateral or lien securing your claim or b) property securing it or if c) none or only part of your	your claim our claim is	a right of setoff)		red by collateral (including
UNSECURED PRIORITY CI	LAIM		Brief description of		
	an unsecured claim all or part of which is		Real Estate	_	e U Other
entitled to priority	•		Value of Collateral	UNK	CNOWN
Amount entitled to priority			Amount of arrearage as secured claim, if any	nd other charges	at time case filed included in
Specify the priority of the o	claim ons under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	_ -		· · · · · · · · · · · · · · · · · · ·	
Wages salaries or committee before filing of the bankrup	issions (up to \$10 000)* earned within 180 days		Up to \$2 225* of deposits towa services for personal family of Taxes or penalties owed to go	or household use -1	1 U S C § 507(a)(7)
business whichever is ear	flier - 11 U S C § 507(a)(4)	<u> </u>	Other Specify applicable part		
Contributions to an employ	yee benefit plan - 11 U S C § 507(a)(5)	lene.	* Amounts are subject to adjust with respect to cases commer	stment on 4/1/07 ar	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLA AT TIME CASE FILED	AIM \$ 1,709,011 \$	1,709,	511 \$		\$ 1,709,011
	(unsecured) ludes interest or other charges in addition to th	•	secured) amount of the claim Attach ite	(priority) mized statement o	(Total)
7 SUPPORTING DOCUMENTS If the documents of the documents	of all payments on this claim has been cred MENTS Attach copies of supporting docu- cts court judgments, mortgages security a cuments are not available, explain If the co Y To receive an acknowledgment of the	uments, su agreement documents e filing of y	ich as promissory notes puro s and evidence of perfection are voluminous, attach a sui rour claim enclose a stamped	chase orders, inv of lien DO NO mmary d self-addressed	oices, itemized statements of T SEND ORIGINAL
ACCEPTED) so that it is for each person or entit governmental units)	npleted proof of claim form must be sen s actually received on or before 5 00 pm by (including individuals, partnerships, c	, prevailin	g Pacific time, on November	er 13. 2006	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group Attn USACM Claims Doo P O Box 911 El Segundo CA 90245-0		Attn USA 1330 Eas	.CM Claims Docketing Cente t Franklin Avenue	F II H	D JAN 12 2007
	SIGN and print the name and title if any of the this claim (attach copy of power of attor	e creditor or ney if any)	do CA 90245 rother person authorized to file Winel L Brecht	, Trustee	USA CMC